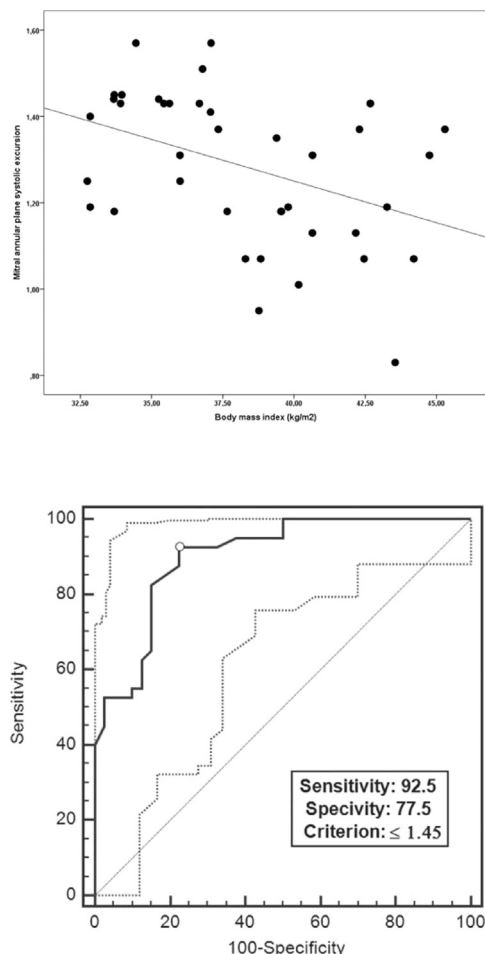


positively with Em velocity ($P<0.001$). BMI had a positive correlation with E/Em ratio ($P<0.001$) and negative correlation with Em ($P<0.001$) and Sm ($P<0.001$) values. ROC curve analysis was used to identify optimal threshold point of MAPSE for detecting early diastolic dysfunction of LV in obese patients. The optimal threshold point of mitral annular motion was ≤ 1.45 mm with 92.5% sensitivity (95% CI 79.6-98.4) and 77.5% specificity (95% CI 61.5-89.2) (Figure 2).

Conclusions: We considered, based on these results, that using MAPSE to evaluate early stage LV diastolic dysfunction in obese patients may be a reasonable approach.



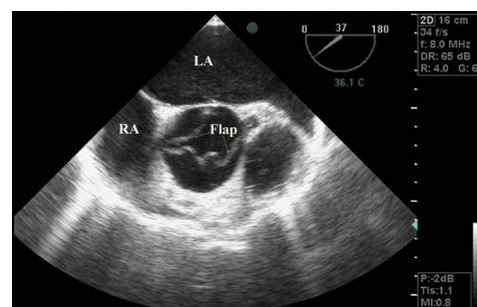
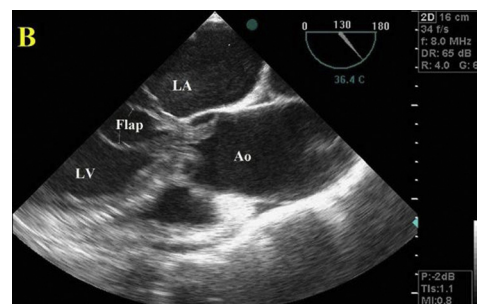
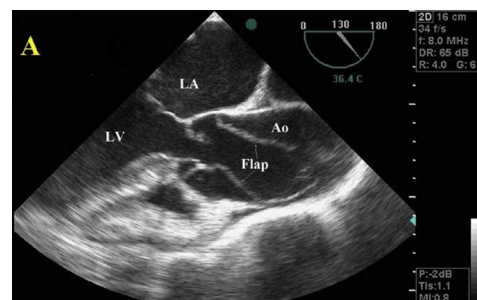
PP-204

Aortic Dissection With Prolapse of Flap into the Ventricle

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A 74 year old male, who had been treated for hypertension, was admitted to the emergency department with chest pain of four hours duration radiating to his back. The initial electrocardiogram showed signs of myocardial ischemia with ST segment depression in anterolateral and inferior leads. Blood pressure was 85/55 mmHg, heart rate was 105 bpm on his physical examination. Minimal (grade 2/6) decrescendo diastolic murmur was audible on the left sternal edge. In addition, bibasilar crackles were detected on pulmonary auscultation. Emergency two-dimensional echocardiography showed that severe ascending aortic dissection with an intimal flap prolapsing into the left ventricular despite normal left ventricle size and systolic function. Transesophageal echocardiography demonstrated circumferential intimal disruption that started just above the aortic root and extended distally through the aortic arch and into the carotid artery. The circumferential intimal flap was prolapsing into the left ventricle during diastolic phase, causing severe aortic regurgitation and resulting in diastolic occlusion of both coronary arterial ostia (Figure A, Figure B, Figure C). The patient underwent a combined coronary artery bypass grafting and replacement of the aortic valve, ascending aorta and aortic arch.



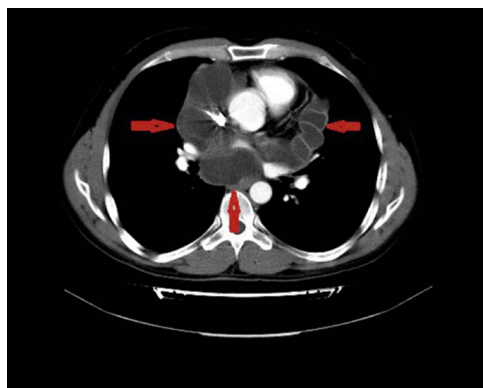
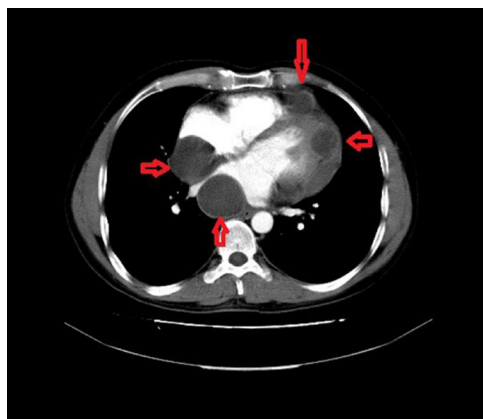
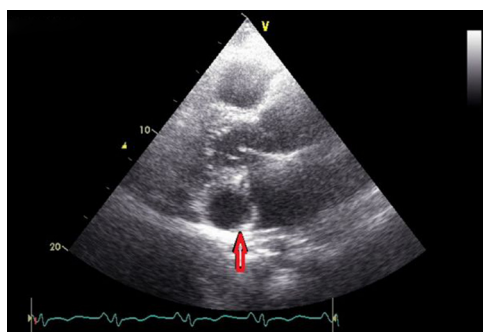
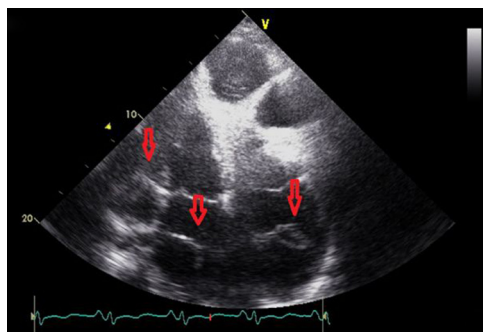
PP-205

Pan Cardiac Hydatid Cyst

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Hydatid disease is a human infection caused by the larval stage of Echinococcus granulosus, which is still endemic in many cattle-raising areas. Cardiac hydatid cysts are very rare, involving 0.5 to 2% of all cases. but potentially a very serious complication of the hydatid disease. The diagnosis of cardiac cyst hydatid may be difficult due to the nonspecific symptoms and varying clinical presentations. A 46-year old man who had a known previous history of hepatic cyst hydatid was admitted to our clinic because of progressive dyspnea, atypical chest pain and fatigue for two weeks. On physical examination, his respiratory rate was 18/min; heart rate was 112 beats/min and blood pressure was 110/70 mmHg. Electrocardiography showed sinus tachycardia. Transthoracic echocardiography (TTE) revealed multiple intracardiac and pericardial unilocular cystic spheric hyperechogenic masses with well-defined margins (Figure-1 and 2). A contrast-enhanced computed tomography (CT) showed two cyst in the left and right atrium and multiple cyst in pericardium and a cyst in left ventricle posterior wall (Figure-3 and 4). On the basis of these findings, the patients was referred cardiac surgery but he refused and has been followed up medically under albendazole treatment. Herein, we report a case of a pan cardiac hydatid cyst. The diagnosis was established by TTE and CT Scan. This case illustrates the diagnostic value of the non invasive imaging means in hydatid cyst of the heart.



PP-206

Parathyroid Hormone Levels is Increased in Ischemic Cerebrovascular Events and Related with Decreased Aortic Distensibility

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Aim: Parathyroid hormone was suggested as closely related with diastolic heart failure and endothelial dysfunction in several trials before. In this study, we aimed to search there relation between parathyroid hormone levels and aortic distensibility in ischemic cerebrovascular event patients.

Methods: Sixty-three ischemic cerebrovascular event patients were enrolled in the study. Age-matched 51 individuals otherwise healthy were included in the control group (57.4 ± 13.5 vs. 56.3 ± 11.6 years) ($p < 0.001$). All patients in the study were in sinus rhythm and they did not have any valvular disease or systolic heart failure. Parathyroid hormone levels (pg/mL) were measured in all patients and 2D echocardiography were made. Independent t-test and Spearman rank correlation test were used for statistical analysis and p values under 0.05 were accepted as significant.

Results: Parathyroid hormone levels in the stroke group were significantly higher than parathyroid hormone levels in the control group (65.4 ± 27.3 vs. 55.5 ± 18.6 pg/mL) ($p = 0.029$) (Figure-1). Parathyroid hormone levels were found in a negative correlation with aortic distensibility ($r = -0.269$, $p = 0.004$).

Discussion: Atherosclerosis is a systemic disease which involves vasculature bed globally. Likewise coronary artery disease atherosclerosis is also the guilty factor in ischemic cerebrovascular events. Endothelial dysfunction and oxidative stress is related with the progression of atherosclerotic plaques. Parathyroid hormone is a novel promising biomarker which is closely associated with endothelial dysfunction and oxidative stress. We found that parathyroid hormone levels are inversely related with aortic distensibility and also we stated that ischemic stroke patients have higher parathyroid hormone levels.

